

PD7000039949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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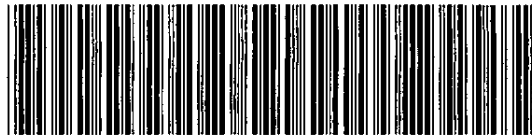
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

PA Res.

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 26, 2007

David M. King
Storm Solutions of Northeast Florida
12367 Briarmead Lane
Jacksonville, FL 32258

SUBJECT: STORM SOLUTIONS OF NORTHEAST FLORIDA, INC.
Ref. Number: P07000039949

We have received your document for STORM SOLUTIONS OF NORTHEAST FLORIDA, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The fee to resign as registered agent of an active corporation is \$87.50.

A balance of \$52.50 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6901.

Susan Payne
Senior Section Administrator

Letter Number: 807A00067038

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RETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Storm Solutions of Northeast Florida, Inc.
(Name of Corporation)

DOCUMENT NUMBER: _____

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

David M. King
(Name of Person)

Storm Solutions of Northeast Florida, Inc.
(Name of Firm/Company)

12367 Briarwood Lane
(Address)

Jacksonville, FL 32258
(City/State and Zip Code)

For further information concerning this matter, please call:

David M. King at (904) 880-4333
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned,

David M. King

(Name of Registered Agent)

hereby resigns as Registered Agent for

Storm Solutions of Northeast Florida, Inc.

(Name of Corporation)

P07000039949

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

David M. King

(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA